

FORM OAR-7041
(11-65)

NOTICE OF INCORRECTLY PREPARED SELF-EMPLOYMENT SCHEDULE

REFERENCE DP:

A. ☐ PREPARED BY DISTRICT DIRECTOR OF INTERNAL REVENUE

(IRD CODE _____)

B. ☐ PREPARED BY SOCIAL SECURITY ADMINISTRATION, BALTIMORE, MARYLAND 21235

C. CORRECTION TO BE MADE: 1. ☐ ON ATTACHED SCHEDULE 2. ☐ ON OTHER SIDE OF THIS FORM 3. ☐ CORRECTION HAS BEEN MADE ON SOCIAL SECURITY RECORDS

D. THIS FORM IS SUBMITTED TO EFFECT CORRECTION IN THE PREVIOUSLY SUBMITTED SELF-EMPLOYMENT SCHEDULE. SEE ITEMS CHECKED BELOW FOR REASONS AND RELATED INFORMATION:

- | | | |
|--|--|--|
| 1. <input type="checkbox"/> TAXABLE PERIOD | 5. <input type="checkbox"/> AMOUNT OF SELF-EMPLOYMENT INCOME | 10. <input type="checkbox"/> SCHEDULE NOT DATE STAMPED |
| 2. <input type="checkbox"/> BUSINESS ACTIVITY | 6. <input type="checkbox"/> MORE THAN ONE SCHEDULE SUBMITTED | 11. <input type="checkbox"/> ITEM 16 NOT COMPLETED |
| 3. <input type="checkbox"/> NAME OF TAXPAYER | 7. <input type="checkbox"/> UNABLE TO LOCATE PREVIOUSLY SUBMITTED SCHEDULE | 12. <input type="checkbox"/> DATE IN ITEM 16b INDICATES BOX IN 16a SHOULD NOT BE CHECKED |
| 4. <input type="checkbox"/> INCOMPLETE ADDRESS | 8. <input type="checkbox"/> INDIVIDUAL HAS BEEN NOTIFIED OF THIS REFERRAL | 13. <input type="checkbox"/> ATTACHED OAR-7041A INCOMPLETE IN ITEMS _____ |

9. ☐ S. S. ACCOUNT NUMBER ON THE ENCLOSED SCHEDULE ISSUED TO _____

FORM OAR-7041A
(11-65)

CORRECTED SCHEDULE OF U. S. SELF-EMPLOYMENT INCOME

1. _____ 2. _____
(SOCIAL SECURITY ACCOUNT NUMBER) (PRINT NAME OF INDIVIDUAL)

3. _____ 4. _____
(ADDRESS AS SHOWN ON SCHEDULE C) (STREET) (CITY) (STATE) (ZIP CODE)

5. BUSINESS ACTIVITY _____

	TAXABLE YEAR		NET EARNINGS	WAGES	SELF-EMPLOYMENT INCOME
INFORMATION PREVIOUSLY REPORTED	6. FROM _____	7. TO _____	8. _____	9. _____	10. _____
CORRECT INFORMATION	11. FROM _____	12. TO _____	13. _____	14. _____	15. _____

16a. ☐ CORRECTION CERTIFIED 16b. _____ 17. IS CORRECTION RESULT OF AUDIT 18. _____ 19. _____
(DATE) YES ☐ NO ☐ (DATE) (INITIALS)

20. _____
(INTERNAL REVENUE ACCOUNT NUMBER OR SCHEDULE NUMBER)

FOR S. S. A. USE ONLY

* GPO : 1965 O-795-597

CORRECTION OF WAGE SCHEDULE

TO: SOCIAL SECURITY ADMINISTRATION
BUREAU OF DATA PROCESSING AND ACCOUNTS
ATTENTION: EARNINGS REPORTS BRANCH
BALTIMORE, MARYLAND 21235

DATE

SOURCE CODES

SC

DO

FOR
SSA
USE

A. EMPLOYER INFORMATION PREVIOUSLY TRANSMITTED	B. CORRECT TO: (Use spaces below ONLY for E.I. No Change)
E.I. NUMBER	E.I. NUMBER
EMPLOYER'S NAME	EMPLOYER'S NAME
TRADE NAME	TRADE NAME
ADDRESS	ADDRESS

C. INFORMATION RELATING TO SSA SCHEDULES PREVIOUSLY TRANSMITTED

- C. 1 ☐ MULTIPLE SCHEDULES A WERE TRANSMITTED TO SSA FOR THE ABOVE E.I. NO. FOR THE PERIODS SHOWN IN "D" BELOW.
- C. 2 ☐ A SINGLE SCHEDULE A WAS TRANSMITTED TO SSA FOR THE ABOVE E.I. NO. FOR THE PERIOD SHOWN IN "D" BELOW.
- C. 3 ☐ THE ATTACHED CORRECTED (superseding) SCHEDULE A SHOULD BE SUBSTITUTED FOR THE PREVIOUSLY TRANSMITTED SCHEDULE SHOWN IN "D" BELOW.

D. INFORMATION PERTAINING TO WAGE SCHEDULE(S) REFERRED TO IN "C"

SCHED. NO.	FORM	PERIOD	TOTAL WAGES	CORRECT PERIOD	DOCUMENT LOCATOR NO.	FOR SSA USE ONLY			
						AQ	SEQ	UNIT	MASTER BLOCK
1									
2									
3									
4									
5									
6									

E. CORRECTION INSTRUCTIONS TO SSA

SCHEDULE NO. _____ SHOULD BE:

E. 1 ☐ CANCELLEDE. 3 ☐ CORRECTED TO THE EIN SHOWN IN BE. 2 ☐ CHANGED TO "CORRECT PERIOD" SHOWNE. 4 ☐ MADE SUPPLEMENTAL

F. DISCREPANCY IDENTIFIED BY, OR REASON FOR, CORRECTION

F. 1 ☐ IRS/SSA EMPLOYMENT REPORT RECONCILIATION LIST CODE NO. _____F. 2 ☐ TO CORRECT A PREVIOUSLY SUBMITTED FORM 2889. INDICATE HERE THE PREVIOUS ADJUSTMENT ACTION REQUESTED.

REMARKS (Use reverse side if additional space is needed)